



THE NAVAJO NATION

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Vice President Nez Attends Zika Action Plan Summit



Navajo Nation Vice President Jonathan Nez met with Dr. Tom Frieden, CDC Director, during the Zika Action Plan Summit.

ATLANTA—Tribal, state, and federal officials gathered at the Centers for Disease Control and Prevention headquarters for the Zika Action Plan Summit April 1. The summit was targeted at providing insight on the challenges facing many U.S. states from the emerging health threat known as the Zika virus.

Navajo Nation Vice President Jonathan Nez was among the tribal leaders in attendance, along with Tohono O'odham Councilman Chester Antone. They co-chair the CDC and Agency for Toxic Substances and Disease Registry Tribal Advisory Committee.

Vice President Nez said, "The Navajo Nation Department of Health must be mobilized. (Zika virus) is one of the first major outreach efforts for infectious disease the new department is facing.

It's not here yet, but we're doing everything we can to keep it out."

The Office of the President and Vice President is working with Craig Manning, team lead for health communications, Viral Special Pathogens Branch of the CDC for public outreach efforts on the Navajo Nation for hanta virus, Zika virus, O. lupi, and Rocky Mountain Spotted Fever.

The CDC, OPVP, and Navajo Epidemiology Center will broadcast a series of public service announcements on local radio stations on these various health threats. The messages will be in Navajo for the benefit of tribal elders in the rural areas.

Additionally, public presentations will be made at chapter events, beginning with the Chinle Agency Council meeting this Saturday at Salina Springs-Cottonwood Chapter House.

ZAP Zika

The summit featured presentations from Dr. Tom Frieden, CDC Director; Dr. Denise Jamieson, CDC Medical Officer for the Division of Reproductive Health; Dr. Beth Bell, CDC National Center for Emerging and Zoonotic Infectious Diseases Director; and Dr. Lyle Petersen, CDC Division of Vector-Borne Diseases Director and Incident Manager for Zika Response.

The Zika virus is a public health emergency that poses significant risks to pregnant women and is the latest in a series of unpredicted health threats. The most serious risk is to developing fetus.

"For the first time in 50 years, a virus has been linked to microcephaly, other serious birth defects, and poor pregnancy outcomes," said Frieden. "It is also associated with Guillain-Barré syndrome."

He said the Obama administration has requested \$1.9 billion from Congress in emergency funding to prepare for, respond to and protect people from Zika. Forty percent of that amount would be for states and tribal nations to respond to the threat.

The funds will be used to rapidly expand mosquito control programs, acceleration of vaccine research and diagnostic development; education of health providers, women and partners about the disease; improvement of health services and support for low-income pregnant women; and

helping Zika-affected countries better control transmission.

The CDC has been traveling and testing guidance for the virus, especially for pregnant women, children and couples interested in conceiving. There has been a link for sexual transmission and the center is working on clinical guidelines to prevent spread of the disease.

Frieden said sustainable mosquito control is key, including human-based surveillance for Zika and of birth defects for clinical response.

"Our key priority is to decrease risk to pregnant women and women of reproductive age," he said.

Zika and Pregnant Women

Jamieson said in the U.S., there have been 312 travel-associated cases of the Zika virus. There have been zero locally-transmitted cases of the virus, however. Twenty-seven were pregnant women, 6 were sexually transmitted, and there was 1 case of Guillain-Barré syndrome.

For U.S. territories, there were 3 travel-associated cases, 349 locally-transmitted cases, 37 pregnant women affected, 1 case of Guillain-Barré syndrome, and zero sexually transmitted cases.

"Pregnant women can be infected through a mosquito bite and sex with an infected male partner. If infected around conception, Zika might present risk to the fetus. If infected during pregnancy, Zika can be passed to the fetus

during pregnancy or around the time of birth,” she said.

Pregnant women are encouraged to prevent mosquito bites through use of insect repellent, covering their skin and mosquito-proofing their homes. Additionally, safe sex or abstinence is encouraged, especially if their partner recently returned home from the Caribbean, Central America, Mexico and South America.

The CDC has established the U.S. Zika Pregnancy Registry, Zika Active Pregnancy Surveillance System in Puerto Rico, collaboration with Brazil and Columbia, and is studying of how long the virus stays in semen, urine and breast milk.

CDC Support

Bell said the CDC is building state capacity to identify babies with birth defects and working with partners to ensure that families are connected with services.

“Ensure that health care providers are aware of resources and updated clinical guidance. Facilitate coordination among your state programs. Practice effective risk communication principles. Ensure access to contraception to prevent unintended pregnancy. Deliver resources to ensure capacity for children or special health care needs,” she said.

Identifying people with the Zika virus infection is challenging because most people with the virus do not have symptoms, usually only mild clinical illnesses that do not require medical care. Symptoms are not specific include rash, fever, joint pain, headache and reddish eyes.

Lab testing for Zika is also challenging, Bell said, adding that clinicians should be educated on collection, storage, and transport of the correct specimens for testing.

Labs should also be supported to enhance surge capacity, with priority testing for pregnant women.

Know Your Mosquitoes

Petersen said, *Aedes aegypti* and *Aedes albopictus* are mosquitoes that mostly bite during the day, but can also bite at night.

Aedes aegypti prefers to feed on people while *Aedes albopictus* will feed on people and animals. They prefer to lay eggs in man-made containers that may dry out completely.

“For *Aedes aegypti* and *Aedes albopictus* control, focus is at the individual property level,” Petersen said.

This includes targeted outdoor residual spraying, indoor residual spraying when appropriate and larvicide in containers, tires, tree holes and sanitation.

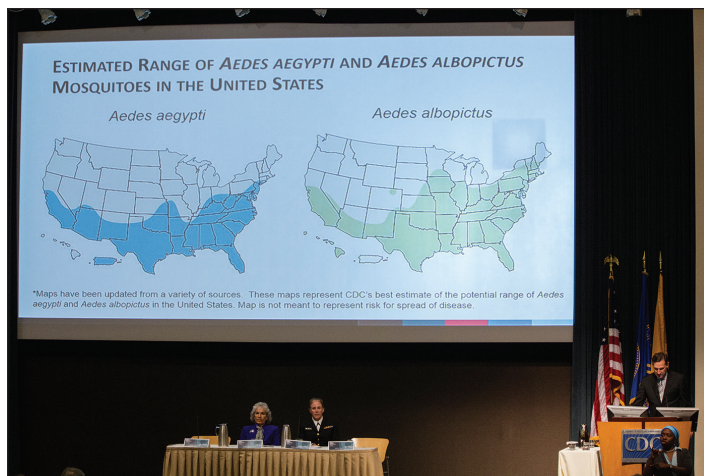
Culex pipiens and *Culex quinque fuscus* are night biters that prefer birds. They lay eggs in standing water with a lot of organic material, such as lakes, ditches, gutters and neglected pools.

“*Culex* mosquito control is focused on the community level,” he said.

This includes widespread space spraying, larvicide in storm drains, septic ditches, tanks, fish or larvicide in abandoned pools, and larvicide in containers around homes.

The *Aedes* mosquitoes are linked to Zika while *Culex* mosquitoes are linked to West Nile virus.

OPVP will provide more updates as information becomes available.



Vice President Nez said the foundation for training future tribal leaders must be rooted in public management and public administration to empower the workforce and in so doing, the tribal nation.



Dr. Manley Begay spoke about nation-building and suggested that former tribal leaders become tenured at the university for a year or two to share what worked and didn't work during their time in office with future leaders.



The NAU President's Tribal Advisory Board convened to elect new officers, provide reports and listen to updates from the various programs and departments of NAU to improve services to Native American students.